

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Smith, Tina, , ,			2. Candidate's FEC Identification Number S8MN00578	
(b) Address (number and street) P.O. Box 14362		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Saint Paul MN 55114		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate MN		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Tina Smith for Minnesota		
(b) Address (number and street) P.O. Box 14362		
(c) City, State, and ZIP Code Saint Paul MN 55114		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Tina Smith Victory 2018		
(b) Address (number and street) P.O. Box 14362		
(c) City, State, and ZIP Code Saint Paul MN 55114		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Smith, Tina, , , 	Date 05/08/2018
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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201805150200367170

Optional Supplemental Page for Designation
of Additional Authorized Committees**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

2018 Minnesota Senators Victory Committee

(b) Address (number and street)

370 Selby Ave
Ste 215

(c) City, State, and ZIP Code

Saint Paul

MN

55102

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Women on the Road Seattle 2018

(b) Address (number and street)

120 Maryland Ave NE

(c) City, State, and ZIP Code

Washington

DC

20002

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Women on the Road California 2018

(b) Address (number and street)

120 Maryland Ave NE

(c) City, State, and ZIP Code

Washington

DC

20002

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Heidi Tina Victory Fund

(b) Address (number and street)

918 Pennsylvania Ave SE

(c) City, State, and ZIP Code

Washington

DC

20003

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Green Senate IMPACT 2018

(b) Address (number and street)

918 Pennsylvania Ave SE

(c) City, State, and ZIP Code

Washington

DC

20003

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

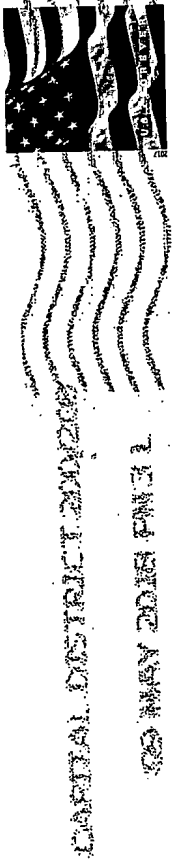
(c) City, State, and ZIP Code

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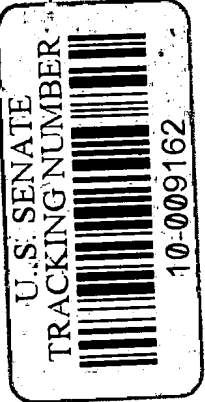
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St. Paul, MN 55114

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United States Senate

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Postmark

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RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

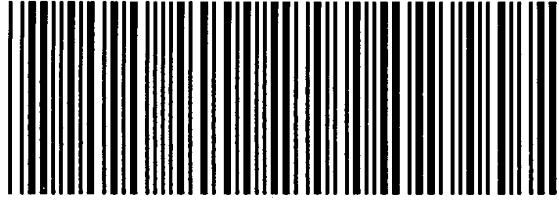
POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

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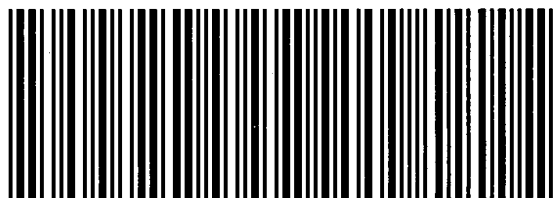
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